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PTO/SB/01 (6-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2781 COGG
			First Named Inventor	BONASTRE GILABERT, Nuria
	<b>COMPLETE IF KNOWN</b>			
			Application Number	10/781,576
			Filing Date	02/18/2004
			Group Art Unit	
		Examiner Name		

As a below named inventor, I hereby declare that:  
My residence, post office address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below)  
of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**AQUEOUS PREPARATIONS CONTAINING MICROENCAPSULATED ACTIVE COMPONENTS**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

02/18/2004

as United States Application Number or PCT International

Application Number

10/781,576

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
03003177.7	EP	02/18/2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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(DATE OF DEPOSIT)

Rose A. Stowe Rose A. Stowe

(SIGNATURE)

June 15, 2004

(DATE OF SIGNATURE)

**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

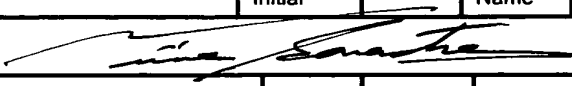
Name	Registration Number	Name	Registration Number
John E. Drach	32,891		
Steven J. Trzaska	36,296		
Aaron R. Ettelman	42,516		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number ☐ or label **23657** OR ☒ Fill in correspondence address below

Name	John E. Drach				
Address					
Address					
City		State		Zip	
Country		Telephone	215-628-1000	Fax	215-628-1345

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Nuria	Middle Initial		Family Name	BONASTRE GILABERT
Inventor's Signature				Date	31/03/2004
Residence: City	Barbera del Vall	State		Country	Spain
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Post Office Address					
City	08210 Barbera del Vall	State		Country	Spain
Applicant Authority					

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box → ☐

C 2781 COGG

										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Augustin			Middle Initial		Family Name	SANCHEZ			Suffix e.g. Jr.				
Inventor's Signature							Date	2/04/2004						
Residence: City	Santa Coloma De Gramenet, Barcelona			State		Country	Spain			Citizenship	Spain			
Post Office Address		Mar de Deu Dels Angels n 3-5, Esc. B, 1º 4a												
Post Office Address														
City	08921 Santa Coloma De Gramenet, Barcelona			State		Zip		Country	Spain			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Maria			Middle Initial		Family Name	DE MORAGAS			Suffix e.g. Jr.				
Inventor's Signature							Date	2/04/2004						
Residence: City	Argentona, Barcelona			State		Country	Spain			Citizenship	Spain			
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Post Office Address														
City	08310 Argentona, Barcelona			State		Zip		Country	Spain			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.				
Inventor's Signature							Date							
Residence: City				State		Country				Citizenship				
Post Office Address														
Post Office Address														
City				State		Zip		Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.				
Inventor's Signature							Date							
Residence: City				State		Country				Citizenship				
Post Office Address														
Post Office Address														
City				State		Zip		Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.				
Inventor's Signature							Date							
Residence: City				State		Country				Citizenship				
Post Office Address														
Post Office Address														
City				State		Zip		Country				Applicant Authority		
Additional inventors are being named on supplemental sheet(s) attached hereto						<input type="checkbox"/>								